支部様式第15号

同　　　意　　　書

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|  | | | | | | | | | | | | | | | | | | 認定番号 | | | | |  | | | | | － | |  | | |
| 被災職員 | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | 生年月日 | |  | | |  | | | 年 | |  | | 月 | |  | 日 |
| 傷病名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 発病又は負傷の  年月日 | | | |  | |  |  | | | 年 |  | | | 月 |  | 日 | 診療開始  年月日 | |  | | |  | | | 年 | |  | | 月 | |  | 日 |
| 同意した理由 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術の種類 | | | | マッサージ　　　はり　　　きゅう　　　温罨法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術の部位 | | | | （左・右）　　（上肢・下肢）　　躯幹　　　その他（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術を必要と認めた  期間 | | | |  | |  |  | | | 年 |  | | | 月 |  | 日から | |  | | 年 |  | | | 月 | |  | | | 日まで | | | |
| 施術を必要と認めた  期間内に施術を受け  る必要回数 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術院 | 所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術院名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地方公務員災害補償基金千葉県支部長　様  　　　　上記のとおり相違ないことを証明します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | 年 |  | | 月 |  | | | 日 |  | | | | | | | | | | | | | | | | | | | |
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| 所在地 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 医療機関　名　称 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 担当医 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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〔注意事項〕

　　この同意書は３か月を限度としますので３か月を超えてマッサージ等を行う場合は再提出してください。

　　本書は、マッサージ師、はり師、きゅう師による施術を受ける場合に提出してください。